

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09874106

FILING DATE
06-04-01

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		i				
3						
4		i				
5						
6						
7		i				
8						
9						
10		i				
11		i				
12						
13						
14						
15		i				
16						
17						
18		i				
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21		i				
22						
23		i				
24						
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26						
27						
28						
29						
30		i				
31						
32						
33						
34		i				
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45						
46						
47						
48						
49						
50						
TOTAL IND.	3					
TOTAL DEP.	33	↓	↓	↓		
TOTAL CLAIMS	36					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.		↓	↓	↓		
TOTAL CLAIMS						